

HOUSE BILL 602

By Hodges

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 56 and Title 71, relative to medical
assistance.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by
adding the following as a new section:

(a) This section is known and may be cited as the "Medicaid Buy-In Act."

(b) The purpose of this section is to establish a medicaid buy-in program to
provide residents with a choice of quality, affordable health insurance.

(c) As used in this section:

(1) "Commissioner" means the commissioner of finance and
administration; and

(2) "Department" means the department of finance and administration.

(d) On or before July 1, 2022, the department shall establish a medicaid buy-in
plan and offer the buy-in plan for purchase by a resident of this state:

(1) Who is ineligible for the following:

(A) Medical assistance under this part;

(B) Medicare; and

(C) Advance premium tax credits under the federal Patient
Protection and Affordable Care Act (42 U.S.C. § 18011 et seq.); and

(2) Whose employer has not disenrolled or denied the resident
enrollment in employer-sponsored health insurance coverage on the basis that
the resident would otherwise qualify for enrollment in medicaid buy-in coverage.

(e) The department shall ensure that enrollment in the medicaid buy-in plan complies with federal and state nondiscrimination law and is available to residents irrespective of age, race, gender, national origin, immigration status, disability, or geographic location.

(f) The department shall establish benefits under the medicaid buy-in plan in accordance with federal and state law to ensure that covered benefits include, at a minimum, the following:

- (1) Ambulatory patient services;
- (2) Emergency services;
- (3) Hospitalizations;
- (4) Maternity and newborn care;
- (5) Mental health and substance use disorder treatment and services, including behavioral health treatment;
- (6) Prescription drugs;
- (7) Rehabilitative and habilitative services and devices;
- (8) Laboratory services;
- (9) Preventive and wellness services; and
- (10) Pediatric services, including oral and vision care.

(g) Notwithstanding § 71-5-126:

(1) The department shall pursue available federal funding and financial participation for the services and benefits provided;

(2) The commissioner is authorized to seek from the federal centers for medicare and medicaid services a federal waiver that is deemed necessary to establish and operate the medicaid buy-in program; and

(3) The governor is authorized to approve a waiver obtained pursuant to subdivision (g)(2).

(h) The department shall coordinate medicaid buy-in plan enrollment and eligibility to maximize continuity of coverage between medicaid buy-in plans, traditional medicaid, and private health insurance.

(i)

(1) Healthcare provider reimbursement rates under the medicaid buy-in plan must be based on the medicaid fee schedule.

(2) Contingent upon available funds, the department may increase reimbursement rates for healthcare providers, as long as the increase does not negatively impact the sustainability of the medicaid buy-in plan or the medical assistance program.

(j) The department shall coordinate with other agencies to establish:

(1) A system through which residents apply for enrollment in, receive a determination of eligibility for participation in, and renew participation in the medicaid buy-in plan; and

(2) A consumer outreach program to increase awareness of the medicaid buy-in plan and assist residents with enrolling in medical assistance, the medicaid buy-in plan, or other qualified health plans offered in this state.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.